b.) Remarks

Claims 21-23 have been amended in order to recite the invention for better conformity with accepted U.S. practice, and claims 20 has been cancelled. Claims 24, 25 and 31 have been amended to maintain their dependency. Accordingly, no new matter has been added.

Claims 20-24 are rejected under 35 U.S.C. §103(a) as being obvious over Hirani et al. (Synapse, 42, 164-76, 2001) in view of Matsuoka (EP 177797). In support of this rejection, the Examiner states that Hirani teaches (E)-8-(3,4-dimethoxystyryl)-1,3-diethyl-7-methylxanthine is an A_{2a} antagonist and investigated as an antiParkinsonian agent. Matsuoka is said to teach A_1/A_{2a} antagonists of (i) the same basic core structure as formula (I) of the present claims (ii) having overlapping groups to the present claims. According to the Examiner, Matsuoka is

> further said to teach that the A_1/A_{2a} antagonists are used to treat symptoms of Parkinson's diseases, including anxiety [paragraph 0007].

Thus, the Examiner concludes one of ordinary skill would be motivated to use Hirani's A_{2a} antagonist (E)-8-(3,4-dimethoxystyryl)-1,3-diethyl-7-methylxanthine that treats "Parkinsonian symptoms" for treating anxiety in Parkinson's patients because Matsuoka teaches a symptom of Parkinson's disease includes anxiety and

> the patient population overlaps in that both sets of patients in the prior art references have similar Parkinson's extra pyrimadal effects.

This rejection is overcome by the foregoing amendment since Matsuoka's formula III compounds do not overlap with the compounds of the present invention.

Accordingly, there is no *prima facie* obviousness. Nonetheless, this rejection is respectfully traversed as being without basis in fact for at least three additional reasons as well.

That is, first, contrary to the Examiner's statement, Matsuoka does not teach or suggest that an A_{2a} antagonist is useful for treating anxiety. Matsuoka only teaches using an A_1A_{2a} dual antagonist[1] to treat Parkinson's disease. In this regard, Matsuoka specifically describes that affinity of the A_1A_{2a} dual antagonist for $\underline{A_1}$ receptor is <u>higher</u> than that of A_{2a}. Therefore, Matsuoka does not teach or suggest use of an $\underline{A_{2a}}$ antagonist to treat anything, let alone anxiety.

Second, in any event, according to Matsuoka at paragraph 0007, anxiety is one of the <u>concomitant</u> symptoms of Parkinson's disease and is <u>not</u> one of the symptoms of Parkinson's disease.

Finally, in Matsuoka, only Compound A (which does not have the same skeleton as Applicants' compounds) has activity against anxiety. Thus, even if Hirani teaches that (E)-8-(3,4-dimethoxystyryl)-1,3-diethyl-7-methylxanthine is an adenosine A_{2a} antagonist and is an antiParkinsonian agent, one would <u>still</u> not be motivated to use (E)-8-(3,4-dimethoxystyryl)-1,3-diethyl-7-methylxanthine to treat anxiety.

In view of the above amendments and remarks, Applicants submit that all of the Examiner's concerns are now overcome and the claims are now in allowable condition. Accordingly, reconsideration and allowance of this application is earnestly solicited.

Claims 21-25, 31, 69 and 70 remain presented for continued prosecution.

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[1] Which in any event does not overlap with formula (I-A), (I-B) or (E)-8-(3,4-dimethoxystyryl)-1,3-diethyl-7-methylxanthine.

Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our below listed address.

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